10s. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. #8RRIPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, sever feelingd 19b. KIND OF BUSINESS OR INDUSTRY 11. #8RRIPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 11. #8RRIPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 11. #8RRIPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 11. #8RRIPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 11. #8RRIPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 11. #8RRIPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 11. #8RRIPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 13. MARKET 12. CITIZEN OF WHAT COUNTRY 13. MARKET 12. CITIZEN OF WHAT	=					SION-OF HEALTH - STANDARD CERTIFICATE OF DEATH
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NO. 3.00 BRD. 4.79 B. COUNTY S.T. C.A. A. predictation) 1.0 93.0 C.	ON THIS STUB	A	KENDEC)		* ILEO 312 1 5 1089
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Negativition Lat Note	10930	₹			-	c. FULL NAME OF (IF NOT in haspital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm
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5. SEX 6. COLOR OR BACT 7. Married 1 Nover Married 17 DATE OF BIRTH 9. AGE (last brindary) 100 Moors 1 Nover Married 17 DO DATE OF BIRTH 9. AGE (last brindary) 100 Moors 1 Nover Married 17 DO DATE OF BIRTH 9. AGE (last brindary) 100 Moors 1 Nover Married 17 DO DATE OF BIRTH 9. AGE (last brindary) 100 Moors 1 Nover Married 17 DO DATE OF BIRTH 9. AGE (last brindary) 100 Moors 1 Nover Married 17 DO DATE OF BIRTH 9. AGE (last brindary) 100 Moors 1 Nover Married 17 DO DATE OF BIRTH 9. AGE (last brindary) 100 Moors 1 Nover Married 17 DO DATE OF BIRTH 9. AGE (last brindary) 100 Moors 1 Nover Married 17 DO DATE OF BIRTH 100 MOORS 1 NOVER MARRIED 100 MOORS 1 NOVEMBER 1 NOV			11	1	-3	(Type or print)
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TO STATE THE STAME STATE STATE STAME STATE STATE STAME STATE STATE STATE STAME STATE	~_	, l			10	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
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15. WAS DECLASED EVER IN U.S. ARMEDITARIES 9.45 X	7 /)	링			Ŗ	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). 10. 00 00 00 00 00 00 00 00 00 00 00 00 0	82	2		Ì		. WAS DECEASED EVER IN U.S. ARMED PORCES M. SOCIAL SECURITY NO: 17. INFORMANT Address
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DISTRICTOR ANEXARYSM CONCIDENT INDUCTOR 13 3-0 NO STATE PART II. DEATH WAS CAUSED BY: DUE TO (b) PART RRIO SCATE ROSIS GENERALIZED CHROWIC Conclisions, first not below cause (a). DUE TO (b) PART II. OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal plant III. If decessed was femals with the strength of the part of t	ايصليما	- 1			l —	5/9/8 LSon /WARR 4/14/D RAPA 4/0x Cil
12 /- O 2	10	⋖		ENT		
Conditions, if any, which gave rises to above, cause (a), straing the underlying cover lear. 13 3 - 0	11			Š	i	
AND STATE 13 3 - 0		쀭ば		8		Conditions, if any, DUE TO (b) PRIERIUSCHIZROSIS GENERALIZED CHROWIC
STATE		SIN SIN	$\downarrow \downarrow$	_ ;		above (suse (a), stating the under- lying cause last. DUE TO (c)
The state of the date stated above, and to the best of my knowledge, from the causes stated. 19. WAS AUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. INJURY OCCURRED About About		-			Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female we there a pregnancy in last 90 day
Death occurred at Degree or title) 22b. ADDRESS 23a. BURIAL, CREMATION, 23b. DATE 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 24f. FUNERAL DIRECTOR ADDRESS 25 DATE SECO. BY OCAL REG. 26 REGISTRAR'S SIGNATURE 26 REGISTRAR'S SIGNATURE 27 O OCAL CITY, TOWN, OR LOCATION COUNTY STATE 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. I attended the deceased from NOV 195 YM Death occurred at State above, and to the best of my knowledge, from the causes stated. 22c. DATE SIGNI County Co					Ιξ	
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REMOVAL (Specify) 9-10-63 & PPL & Ton CITY Cople ton CITY MA. 24. FUNERAL DIRECTOR Be Cattog Captan Chyra. Sept 9,1963 Pauline Davis	=			\ <u>\</u>	27	IN BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
@ Ocar Echtogy applica lity the Sept 9,1963 Garline Davis		Ö		FID	1 ~	REMOVAL (Specify) 9-10-63 & PPLETON CITY CAPLETON CITY MA.
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BY LICENSED EMBALMER

or by	<u> </u>	, Student Embalmer No
vorking under r	my personal supervision.	
itudent	Signature of Student Embalmer	Signed Norm Echlogy
	-	Licensed Embalmer No. 39 9 2
	•	<u> :</u>

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above. ...